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<b>APPLICANTS</b> Barry O'Brien, Barna. Co. Galway, IRELAND; Brian Brown, Hanover, MN; Robert Nolan, Galway, IRELAND;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/05/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 46
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b> 26161				
<b>TITLE</b> MEDICAL DEVICES				
<b>FILING FEE RECEIVED</b> 1470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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